Reviewer's report

Title: Temporal trends and gender differentials in causes of childhood deaths at Ballabgarh, India - Need for revisiting child survival strategies

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Reviewer: Pinaki Panigrahi

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Although the authors claim not to emphasize or promote the role of private sector, the result section of the abstract clearly states that “The decline in mortality was largely due to reduction in case fatality through improved management practices by private sector.” The numbers also point to this effect. One of the reviewers questioned on the quality of care and outcomes in private facilities. Without data to discern outcomes in government vs. private facilities, it is inappropriate to give undue importance or presume suboptimal care at private settings. Stating facts (change in number of these facilities) is fine as done in Fig 2.

The authors have to do one of the two:
1. Provide and compare data from govt vs. private hospitals and draw inference from the same.
2. (lacking above data) – remove the statement from the abstract - make a passing statement on the increase in the number of private facilities elsewhere in the text and make another statement that causal relationship cannot be established on this front. The descriptions in the conclusions section are acceptable even if not supported by data.

The conclusions in the abstract are rather generic sounding and somewhat vague (--- and gender differences call for revised child survival strategy of comprehensive primary health care focusing on broader developmental paradigm and universal coverage). There is solid data on (i) the need to move away from disease-specific to comprehensive approach and to address (ii) gender inequity. These need to be spelt out. Currently there is universal coverage, but it does not work due to socio-behavioral issues. Hence, instead of calling for broader developmental paradigm (which could mean many other elements of development that are out of context here), clearer and simpler terms should be used not to confuse the reader on the forthcoming “universal health care” etc. in India. Addressing socio-behavioral aspects can easily be emphasized here, since this is a completely neglected area in the health care delivery system in India.

Although technically correct as stated in table 1, most readers are used to perceive crude birth rate to be the numbers per year.